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|--|----------------------------------|---------------------------------------|-----------------------------|---------------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>  |                                  |                                       |                             | Docket No.<br>09656/0202851-US0 |
| Application No.<br>10/532,659-Conf. #6274  | Filing Date<br>August 22, 2005   | Examiner<br>N. Bitar                  | Art Unit<br>2624            |                                 |
| Applicant(s): Shigehiro Miyatake et al.  |                                  |                                       |                             |                                 |
| Invention: IMAGE INPUT APPARATUS   |                                  |                                       |                             |                                 |
| <b>TO THE COMMISSIONER FOR PATENTS</b>   |                                  |                                       |                             |                                 |
| Transmitted herewith is an amendment in the above-identified application.  |                                  |                                       |                             |                                 |
| The fee has been calculated and is transmitted as shown below.   |                                  |                                       |                             |                                 |
| <b>CLAIMS AS AMENDED</b>   |                                  |                                       |                             |                                 |
| Total Claims   | Claims Remaining After Amendment | Highest Number Previously Paid        | Number Extra Claims Present | Rate                            |
| Total Claims   | 4                                | - 20 =                                | 0                           | x 50.00 0.00                    |
| Independent Claims   | 1                                | - 3 =                                 | 0                           | x 210.00 0.00                   |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                  |                                       |                             |                                 |
| Other fee (please specify):  |                                  |                                       |                             |                                 |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00   |                                  |                                       |                             |                                 |
| <input checked="" type="checkbox"/> Large Entity   |                                  | <input type="checkbox"/> Small Entity |                             |                                 |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.  |                                  |                                       |                             |                                 |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.  |                                  |                                       |                             |                                 |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.  |                                  |                                       |                             |                                 |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |                                       |                             |                                 |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed. |                                  |                                       |                             |                                 |
| <input checked="" type="checkbox"/> Credit any overpayment.  |                                  |                                       |                             |                                 |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |                                  |                                       |                             |                                 |
| /Colin Wright/<br>Colin Wright<br>Attorney/Agent Reg. No.: 62,900  |                                  | Dated: September 25, 2008             |                             |                                 |
| DARBY & DARBY P.C.<br>P.O. Box 770<br>Church Street Station<br>New York, New York 10008-0770<br>(212) 527-7700   |                                  |                                       |                             |                                 |